

County: Buffalo  
ST. MICHAEL'S EV. LUTHERAN HOME  
P.O. BOX 7

Facility ID: 8490

Page 1

FOUNTAIN CITY 54629 Phone: (608) 687-7721  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 50  
Total Licensed Bed Capacity (12/31/01): 53  
Number of Residents on 12/31/01: 39

Ownership:  
Highest Level License: Nonprofit Church/Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 43

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.9
Supp. Home Care-Personal Care	No					1 - 4 Years		35.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years		28.2
Day Services	No	Mental Illness (Org./Psy)	33.3	65 - 74	15.4			-----
Respite Care	No	Mental Illness (Other)	2.6	75 - 84	15.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	2.6	85 - 94	59.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.6	95 & Over	7.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	23.1	65 & Over	97.4	-----		
Transportation	No	Cerebrovascular	7.7		-----	RNs		8.6
Referral Service	No	Diabetes	7.7	Sex	%	LPNs		6.3
Other Services	Yes	Respiratory	10.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	7.7	Male	43.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	56.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	1	4.8	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Skilled Care	3	100.0	292	15	71.4	101	0	0.0	0	15	100.0	122	0	0.0	0	0	0.0	0	33	84.6
Intermediate	---	---	---	5	23.8	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	12.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		21	100.0		0	0.0		15	100.0		0	0.0		0	0.0		39	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	19.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	53.8	46.2	39
Other Nursing Homes	3.4	Dressing	30.8	28.2	41.0	39
Acute Care Hospitals	77.6	Transferring	46.2	20.5	33.3	39
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	35.9	23.1	41.0	39
Rehabilitation Hospitals	0.0	Eating	74.4	12.8	12.8	39
Other Locations	0.0	*****				
Total Number of Admissions	58	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	5.1	Receiving Respiratory Care		10.3
Private Home/No Home Health	38.5	Occ/Freq. Incontinent of Bladder	46.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	28.2	Receiving Suctioning		5.1
Other Nursing Homes	15.4			Receiving Ostomy Care		2.6
Acute Care Hospitals	26.2	Mobility		Receiving Tube Feeding		2.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	15.4	Receiving Mechanically Altered Diets		30.8
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	20.0	With Pressure Sores	5.1	Have Advance Directives		82.1
Total Number of Discharges		With Rashes	5.1	Medications		
(Including Deaths)	65			Receiving Psychoactive Drugs		51.3

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio % Ratio	Bed Size: 50-99 Peer Group Ratio % Ratio	Licensure: Skilled Peer Group Ratio % Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	80.4	88.9	0.90	85.1	0.94	84.4	0.95	84.6	0.95
Current Residents from In-County	94.9	78.4	1.21	72.2	1.31	75.4	1.26	77.0	1.23
Admissions from In-County, Still Residing	22.4	25.3	0.89	20.8	1.08	22.1	1.01	20.8	1.08
Admissions/Average Daily Census	134.9	108.1	1.25	111.7	1.21	118.1	1.14	128.9	1.05
Discharges/Average Daily Census	151.2	107.3	1.41	112.2	1.35	118.3	1.28	130.0	1.16
Discharges To Private Residence/Average Daily Census	58.1	37.6	1.54	42.8	1.36	46.1	1.26	52.8	1.10
Residents Receiving Skilled Care	87.2	90.9	0.96	91.3	0.95	91.6	0.95	85.3	1.02
Residents Aged 65 and Older	97.4	96.2	1.01	93.6	1.04	94.2	1.03	87.5	1.11
Title 19 (Medicaid) Funded Residents	53.8	67.9	0.79	67.0	0.80	69.7	0.77	68.7	0.78
Private Pay Funded Residents	38.5	26.2	1.47	23.5	1.64	21.2	1.82	22.0	1.75
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	35.9	39.0	0.92	41.0	0.88	39.5	0.91	33.8	1.06
General Medical Service Residents	7.7	16.5	0.46	16.1	0.48	16.2	0.47	19.4	0.40
Impaired ADL (Mean)	49.7	49.9	1.00	48.7	1.02	48.5	1.03	49.3	1.01
Psychological Problems	51.3	48.3	1.06	50.2	1.02	50.0	1.03	51.9	0.99
Nursing Care Required (Mean)	7.7	7.0	1.09	7.3	1.06	7.0	1.09	7.3	1.05